

RECEIVED
CENTRAL FAX CENTER
MAR 20 2007

Eliza Buchalozyk
Signature


Eliza Buchalozyk
Typed or printed name of person signing Certificate

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 18



Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
TOTAL AMOUNT OF PAYMENT	(\$) 1020.00

Complete If Known	
Application Number	10791,343
	March 2, 2004
First Name(s) Inventor	Kum Young Zee
Examiner Name	Chun Cao
Art Unit	2116
Attorney/Doekel No.	PA030009

METHOD OF PAYMENT (check all that apply) **CUSTOMER NUMBER: 24498**
☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account: Deposit Account Number **07-0832** Deposit Account Name: **THOMSON LICENSING LLC**
 For the share-identified deposit account, the Director is hereby authorized to (check all that apply):
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of ☒ Credit any overpayments
 fee(s) under 37 CFR 1.10 and 1.17
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.

FEES CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

FEE CALCULATION (APPROXIMATE)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES			SEARCH FEES		EXAMINATION FEES		
	FILING FEES	Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	160	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	160	500	250	600	300	
	300	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description
Each claim over 20 (including Reissues)
Each independent claim over 3 (including Reissues)

Each independent claim over 3 (including Reissues)
Multiple dependent claims

Multiple dependent claims

<u>Total Claims</u>		<u>Extra Claims</u>
37	- 34 or HP =	3

$$\frac{37}{HP} = \frac{34}{HP} \text{ or } HP = \frac{37}{34}$$

 HP = highest number of total claims paid for, if greater

Independent Claims - 8 or HP = Extra Claims
4 - 0

$$\frac{4}{HP} - 8 \text{ or } HP = \frac{0}{0}$$

HP = highest number of independent claims paid for

3. APPLICATION SIZE FEE

3. APPLICATION SIZE FEE
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets thereafter. *Reg. 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(b).*

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof**
 - 100 = / 50 = (round up to a whole number) x

4. OTHER FEE(S)

4. OTHER FEE(S)
Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): FEE FOR THREE MONTH

Other (e.g., late filing surcharge): **FEE FOR THREE MONTH EXTENSION - \$1020.00**

SUBMITTED BY

RICHARD

Registration No. _____

A1.303

THE GROUP

(717) 296-6207

March 20, 2003

This document contains information received by the FBI from the Department of Defense, and is being furnished to you for your information only. It is not to be distributed outside your agency without the express written approval of the FBI. The information is being furnished to you for your information only and is not to be used for any other purpose. It is not to be used for any other purpose. It is not to be used for any other purpose.

BEST AVAILABLE COPY